

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029302

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 242 Primary Registration District No. 4361 Registrar's No. 17

FILED AUG 13 1963

VS 300
Rev. 4/59

1 0720

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. State Missouri b. County New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canalou		Length of stay in 1b 1 yr.	c. CITY OR TOWN Canalou
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION family home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) home
3. NAME OF DECEASED (Type or print) First Middle Last Walter Franklin Blackwell		4. DATE OF DEATH Month Day Year August 9, 1963	
5. SEX male	6. COLOR OR RACE cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/14/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Rienzi, Miss.
13a. FATHER'S NAME Walter J. Blackwell		13b. MOTHER'S MAIDEN NAME Fannie Taylor	14. NAME OF HUSBAND OR WIFE Elva May Blackwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. 1	17. INFORMANT Elva May Blackwell, Canalou, Mo
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Hypertensive P. V. Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH None D.K.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-4-63 to 8-7-63 and last saw him alive on 8-7-63 Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. M. Rarus		22b. ADDRESS M. A. Morehouse, Mo.	
22c. DATE SIGNED 8-10-63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/11/1963	23c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery	23d. LOCATION (City, town, or county) (State) Matthews, Missouri
24. FUNERAL DIRECTOR W. Atkins & Sons		25. DATE RECD. BY LOCAL REG. 8-10-63	26. REGISTRAR'S SIGNATURE Kathryn L. Mc Bain

Permit Issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ed M. Watkins*

Licensed Embalmer No. *4964*

P. O. Address *Keyser, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.